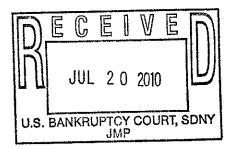
7/12/10

United States Bankruptcy Court
Southern District of New York
Lehman Brothers Holdings Inc, et al., Debtors
Chapter 11, Case No. 08-13555 (JMP)
Debtors' Twentieth Omnibus
Objection to Claims (Duplicative of indenture claim)

I am writing today to oppose the aforementioned objection to my claim. In reality, I filed two claims for a duplicative amount. I had \$5,000 of this bond in both my non-qualified account and my IRA. I am including evidence of both positions as well as the respective proof of claims for each position. As I have only received one notice for request of expungment, I can only assume that an error was made in the recognition of both claims and request that the duplicate claim remain in force. Thank you for your consideration.

Mathew Gulrich Jr. 2110 Busine Church Rd Marydel, MD. 21649

Claim number 4697



08-13555-ma	Doc 10396 Filed 07/20/10	Entered 07/23/10 13:49	9:46 Main Document
	art/Southern District of New York Pg 2		OF OF CLAIM
In Re:	Chapter 11	UNIQUE IDENTIFICATION NUMBER	ER: 4000004759
Lehman Brothers Holdings Inc., et Debtor	s. (Jointly Administered)	*	
Name of Debtor Against Which Claim is Held	Case No. of Debtor		
NOTE: This form should not be used	to make a claim for an administrative expense arising		•
after the commencement of the case, may be filed pursuant to 11 U.S.C. § a claim for Lehman Programs Securi	A request for payment of an administrative expense 503. Additionally, this form should not be used to make ties (See definition on reverse side.)	THIS SPACE IS	S FOR COURT USE ONLY
Name and address of Creditor: (and different from Creditor)	d name and address where notices should be sent if	Check this box to indicate that this claim amends a previously filed	
Mathew Galrich	1 200	claim.	
2110 Busicolum Marydel, MD.	ch. Pol	Court Claim	
Marinal with	0) (1) 0 3 2 7 1	Number:	
· wilder, mil),	21649-1114	Filed on:	
Telephone number:	Email Address		
Annual Control of the	Email Address: should be sent (if different from above)	Check this box if you are aware	
	,	that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	·
Telephone number:	Email Address:	Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date			5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of
item 4.	red, complete Item 4 below; however, if all of your cla	im is unsecured, do not complete	your claim falls in one of the following categories, check the box and state the
If all or part of your claim is entitle If all or part of your claim qualifie	ed to priority, complete Item 5. s as an Administrative Expense under 11 U.S.C. §503	(b)(9), complete Item 6.	amount,
Check this box if all or part of	of your claim is based on a Derivative Contract.* of your claim is based on a Guarantee.*	(-)(c)) - confirm monor	Specify the priority of the claim:
*IF YOUR CLAIM IS BASED (OR A GUARANTEE OF A DEE	ON AMOUNTS OWED PURSUANT TO EITHER BTOR, YOU MUST ALSO LOG ON TO http://ww TO COMPLETE THE APPLICABLE QUESTION	w.lehman-claims.com AND	U.S.C. § 507(a)(1)(A) or (a)(1)(B). Wages, salaries or commissions (up to
SUPPORTING DOCUMENTATION Check this box if claim incluitemized statement of interest or actions.	TION OR YOUR CLAIM WILL BE DISALLOWED A class interest or other charges in addition to the principulational charges. Attach itemized statement of interest claim is a based on a Derivative Contract or Guarante	ED. val amount of the claim. Attach st or charges to this form or on	\$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11
2. Basis for Claim: Purch (See instruction #2 on revers	haved bond (D)	æ.	U.S.C. § 507(a)(4). Contributions to an employee benefit plan- 11 U.S.C. § 507(a)(5).
3. Last four digits of any num	nber by which creditor identifies debtor:		Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for
3a. Debtor may have sched	duled account as: Arch W Empark F.	navial through First	personal, family, or household use - 11 U.S.C.
4. Secured Claim (See instruc	tion #4 on reverse side.)	Clearing	§ 507(a)(7). Taxes or penalties owed to governmental
information.	f your claim is secured by a lien on property or a right	•	units - 11 U.Ŝ.C. § 507(a)(8). Other—Specify applicable paragraph of 11
	of setoff: Real Estate Motor Vehicle	Other	U.S.C. § 507(a)().
			Amount entitled to priority:
Value of Property: \$ Amount of arrearage and other	Annual Interest Rate her charges as of time case filed included in secured c	% laim, if any:	Amount entitled to priority:
	Basis for perfection:		.\$
	S Amount Unsecured: S		
6. Amount of Claim that qua (See instruction #6 on revers	diffes as an Administrative Expense under 11 U.S.C se side.)	C. §503(b)(9): \$	
8. Documents: Attach redacted orders, invoices, itemized stateme Attach redacted copies of docume	ayments on this claim has been credited for the purpo- icopies of any documents that support the claim, such ents of running accounts, contracts, judgments, mortga ents providing evidence of perfection of a security inte are voluminous, attach a summary.	as promissory notes, purchase ges and security agreements.	FOR COURT USE ONLY
DO NOT SEND ORIGINAL DO SCANNING. If the documents are not available	OCUMENTS. ATTACHED DOCUMENTS MAY	BE DESTROYED AFTER	
person authori above. Attach	The person filing this claim must sign it. Sign and print name ized to file this claim and state address and telephone number copy of power of attorney, if any.	if different from the notice address	
8-27-09 Math	Suleich In MAThew (Bulvich Jip	
	resenting fraudulent claim: Fine of up to \$500,000 or		oth. 18 U.S.C. 88 152 and 3571

08-13555-mg Doc 1 United States Bankruptcy Court/Southern Lehman Brothers Holdings Claims Processing C c/o Epiq Bankruptcy Solutions, LLC FDR Station, P.O. Box 5076	District of New York Po	13	9:46 Main Document OF OF CLAIM
New York, NY 10150-5076 In Re:	Chapter 11		
Lehman Brothers Holdings Inc., et al. Debtors.	Case No. 08-13555 (JMP) (Jointly Administered)	UNIQUE IDENTIFICATION NUMB	ER: 4000004759
Name of Debtor Against Which Claim is Held	Case No. of Debtor		
NOTE: This form should not be used to make a ela	m for en administrative expense aris	ing	
after the communicement of the case. A request for may be filed pursuant to 11 U.S.C. § 503. Addition a claim for Lehman Programs Securities (See defin	payment of an administrative expension, this form should not be used to	e Ari	S FOR COURT USE ONLY
Name and address of Creditor: (and name and address of Creditor)	ldress where notices should be sen	t if Check this box to indicate that this claim amends a previously filed claim.	
Mathew Gulich Ivit	IRA .		
2110 Basic Church Rd		Court Claim Number:	
Marydel, mb 216	49-1174	(If known)	
	•	Filed on:	
Telephone number: En Name and address where payment should be set	ail Address:		-70 -000, 11 -000
Jesup Thomant 2070 W. Stale Bol, 434 Sin		Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Telephone number: 300 8 60 3337 En	i ail Address:	Check this box if you are the debtor or trustee in this case,	
I. Amount of Claim as of Date Case Filed: If all or part of your claim is secured, complete item 4. If all or part of your claim is entitled to priority,	Item 4 below; however, if all of you	•	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim qualifies as an Admii Check this box if all or part of your claim	is based on a Derivative Contract.*	§503(b)(9), complete Item 6.	Specify the priority of the claim:
Check this box if all or part of your claim *IF YOUR CLAIM IS BASED ON AMOUN OR A GUARANTEE OF A DEBTOR, YOU	TS OWED PURSUANT TO EIT	://www.lehman-claims.com AND	Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
FOLLOW THE DIRECTIONS TO COMPL SUPPORTING DOCUMENTATION OR YOU Check this box if claim includes interest of itemized statement of interest or additional char	DUR CLAIM WILL BE DISALI r other charges in addition to the p ges. Attach itemized statement of i	OWED, rincipal amount of the claim. Attach interest or charges to this form or on	☐ Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11
http://www.lehman-claims.com if claim is a bas 2. Basis for Claim: <u>Purchasel</u>	ed on a Derivative Contract or Gu	arantee.	U.S.C. § 507(a)(4). Contributions to an employee benefit plan
(See instruction #2 on reverse side.)			11 U.S.C. § 507(a)(5). Up to \$2,425 of deposits toward purchase,
 Last four digits of any number by which Debtor may have scheduled account (See instruction #3a on reverse side.) 	es: Acct WI Emmire	Financial tensong in Earst Cleaning	lease, or rental of property or services for personal, family, or household use - 11 U.S.C
 Secured Claim (See instruction #4 on rev Check the appropriate box if your claim is 	erse side.)	7	§ 507(a)(7). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
information. Nature of property or right of setoff:		•	Other—Specify applicable paragraph of 1 U.S.C. § 507(a)(
Value of Property: \$			Amount entitled to priority:
SBasi: Amount of Secured Claim: \$	-	······································	.\$
6. Amount of Claim that qualifies as an A (See instruction #6 on reverse side.)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
7. Credits: The amount of all payments on the B. Documents: Attach redacted copies of any orders, invoices, itemized statements of running Attach redacted copies of documents providing on reverse side.) If the documents are voluming DO NOT SEND ORIGINAL DOCUMENTS.	documents that support the claim, accounts, contracts, judgments, m evidence of perfection of a security us, attach a summary.	such as promissory notes, purchase ortgages and security agreements. y interest. (See definition of "reducted"	FOR COURT USE ONLY
SCANNING. If the documents are not available, please expla	-	MA NO POOS NO LED AFLER	
person authorized to file this cabove. Attach conv of nower.	laim and state address and telephone m	name and title, if any, of the creditor or other umber if different from the notice address	•
8-27-09 Mathew Sel	rich h MATH	Jew Gulnich JR 00 or imprisonment for up to 5 years, or bu	



Suite 100 2170 West State Road 434 Longwood, FL 32779 (407) 774-1300

Statement of Account

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Amount	Price			Description	Quantity	Transaction	Account Type	Entry/Trade Date Account Type	Cash Account
								7	Account Activity
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	necessarny renect	. They do not	as a general guide	e provided only	other fixed income securities, prices are approximate (not actual market bids) and are provided only as a general guide. They do not necessarily renect actual market prices. For current prices, please contact your financial consultant.	nase contact your fi	rent prices, ple	other tixed income securities, prices are approximate (not actual market bios) and actual market broces. For current prices, please contact your financial consultant.	07 otner nxe
	Account value and totals are based only on priced securities. We may be unable to price all securities in your account. For municipal securities and some	For municipa	es in your account.	vice all securiti	We may be unable to p	priced securities.	based only on	value and totals are I	/23 Account
		100.00	0.01					Assets/Equity	Total Account Net Assets/Equity
		ivo. co	0.01					alents	13 Yorat Cash & Equivalents
0.18%		100.00	0.01	1.00		MoneyFund		. d.	Money Market Fund
			0.00			Cash			46 Cash
Estimated Current Yield	Estimated Annual Income	Percent of Acct Assets	Current Value	Current Price	Quantity	Account Type	Symbol/ Cusip		Cash & Equivalents
								ions	Portfolio Positions
99	February 1, 2009 to February 28, 2009	February 1		25042904	Account Number:	1	JR	MATTHEW GULRICH JR	Do
	Period	Statement Period	1	ח	Account Information			DESI EBO MATTHEW GIII BICH IB IBA	cum
					,	(407) 774-1300	(407) 7	EMPIRE FINANCIAL GROUP, INC.	nent

AccountActivity							
Ca§h Account	Entry/Trade Da	Entry/Trade Date Account Type	Transaction	Quantity	Description	Price	Amount
g 4		Cash			OPENING BALANCE		21.90
P	02/02/09	Cash	Disbursed		DEPOSIT: MM PORTFOLIO		(21.90)
20/	02/17/09	Cash	Cash Dividend		PENN WEST PETROLEUM		14.82
112					CA7078851093 B09YWL7		
10	02/17/09	Cash	Withholding		PENN WEST PETROLEUM		(2.22)
eu					CA7078851093 B09YWL7	:	
- 11	02/18/09	Cash	Disbursed		DEPOSIT: MM PORTFOLIO		(12.60)
	02/24/09	Cash	Journal		ACAT TRF FEE		(50.00)
90	02/24/09	Cash	Journal		IRA FEE		(20.00)
J3:	02/25/09	Cash	Received		REDEEM: MM PORTFOLIO		1,718.59
10	02/27/09	Cash	Journal		ACATS JOURNAL ENTRY		(1,648.59)
)C	02/27/09	Cash	Delivered	-5,000	JPMORGAN CHASE BK N A NEW YORK		
D					N Y FORMERLY JPMO RGAN CHASE		
					BK NEW YORK N Y TO 1 1/13/2004		
ig					AIC TRANSFER #0141		
)-11	02/27/09	Cash	Delivered /	-5,000	LEHMAN BROS HLDGS INC MEDIUM T		
000					ERM NTS BOOK ENTRY FX BASKET L		
30					INKED BRICK BULL-BEAR NOTE SER		
)-T					A/C TRANSFER #0141		

Filed 07/20/10



08-13555-mg

Doc 10396

2170 West State Road 434 Suite 100 Longwood, FL 32779 (407) 774-1300

Statement of Account

28					box Ralanca	Total Condition MM Dort Ralanco
(918.82)	REDEEM: MM PORTFOLIO		Disbursed	MoneyFund	02/25/09	ed
.15	.260% 01/31-02/23 884	Money Fund Dividends	Money Fun	MoneyFund	02/24/09	07
47.02	DEPOSIT: MM PORTFOLIO		Received	MoneyFund	02/17/09	7/2
13.14	DEPOSIT: MM PORTFOLIO		Received	MoneyFund	02/02/09	0/
858.51	OPENING BALANCE			MoneyFund		Studder MM Port
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0.00					it Balance	ப்ரிotal: Cash Account Balance
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UM T	LEHMAN BROS HLDGS INC MEDIUM T	/ -5,000	Delivered	Cash	02/27/09	:49
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Á	BK NEW YORK N Y TO 1 1/13/2004					16
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YORK	JPMORGAN CHASE BK N A NEW YORK	-10,000	Delivered	\sim l	02/27/09	Me
Price Amount	Description	n Quantity	e Transaction	Account Type	Entry/Trade Date	ain
						Account Activity
February 1, 2009 to February 28, 2009	r; 25042870	Account Number:		H	MATHEW GULRICH JR	i/
Statement Period	ation	Account Information				\
Statement of Account		2170 West State Road 434 Suite 100 Longwood, FL 32779 (407) 774-1300	2170 West State Road Suite 100 Longwood, FL 32779 (407) 774-1300	2170 Wes Suite 100 Longwoo (407) 774	GROUP, INC.	ent EMPIRE FINANCIAL GROUP, INC.